The state of the s	A STATE OF THE STA
II.	The state of the s
PLACE OF BIRTH	
1. County of ARIZONA STATE BO	IADD OF TIPATIBLE
II DISTRICT OI	MOD OF HEALTH
BUREAU OF VITAL STATISTICS	State Index No. 150
or ORIGINAL CERTIFICATE OF BIRTH	County Registrar No
City of No M	Local Registrar No.
He birth occurred in a hospital or institut	on, give its NAME instead of street and number)
2 Santagaria	If child is not yet named, make supplemental report, as directed.
To be answered ONLY of the event of plural 4. Twin, triplet or other 6. Legitimate?	
1 births. 5. No., in order of birth N	7. Date of birth Mch. 12-1926.
Full name () (FATHER 14.	Month Day Year MOTHER
- lyae Trederick hum Full maiden name	A
9. Residence (Usual place of abode) Williami, 15 Residence	moderne Orewer
If non-resident, give place and seem	
10. Color or race	place and state.
Cauc. 11. Age at last birthday 24 (Years)	d
0 17. Age at last birthday / X (Variable)	
12. Birthplace (city or place). 18. Birthplace (city or place)	lace) Slobe
(State or country) (State or country)	Q_{λ} .
13. Occupation	- wy
Nature of industry	σ
20 Number of abilities of the state of the s	Housewirle
(Taken as of Alimeters) 21. Were	precautions taken against oph-
(c) Stillborn	LPA
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
the Dittil of this child, who was	at on the date above stated
or midwife, then the father, householder, Signature Our W	wm.10.
child is one that neither breathes nor shows other evidence of life after birth.	(Physician - midwife),
Clean many and the	
a supplemental report. Month, day, year Filed April 5, 19 15	helson & Torailon
Registrar Filed 19 19	Local Registrar.
angional annual annual annual	County Registrar.
545-312	
512	727

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